Claims Certification Testing Guide for Fee-for-Service Providers

January 2015

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Overview and Purpose

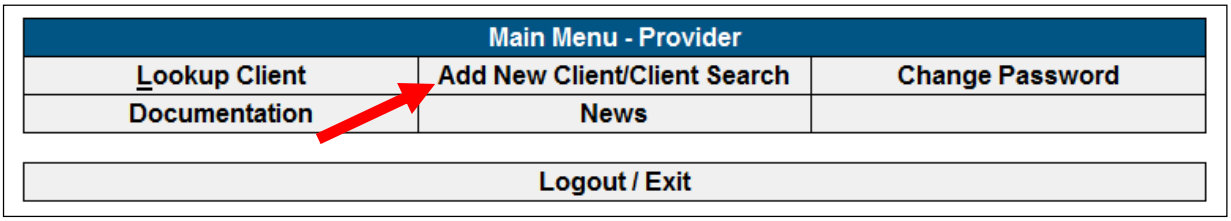
The purpose of this guide is to prepare Fee-for-Service (FFS) providers for Provider Readiness Claims Testing, and assist FFS providers with creating test clients and associated financial eligibility records to support the submission of claims for the following testing scenarios: Medi-Cal client, Medi-Medi client, OHC-Medi-Cal client. In addition, requesting an authorization for Over-threshold services is also included in the scope of this testing. This guide provides a step-by-step outline of Phase 2 and Phase 3 in the FFS Claims Certification Testing Script, which FFS providers must follow to complete their claiming test scenarios. In essence, this document is a companion guide for the FFS Claims Certification Testing Script. The FFS Claims Certification Testing Script is posted on the IBHIS Readiness page of the IS website at the following web address: http://lacdmh.lacounty.gov/hipaa/ffs_IBHIS_EDI_Readiness.htm. Additional detailed information regarding creating clients and financial eligibility records for clients can also be found in the End User Training for FFS Process Manual, also known as the FFS Process Training Material.

Each Phase 2 section will guide you through the process of creating a record and an admission for a test client in ProviderConnect, as well as completing the financial eligibility forms for each test client. You will create three test clients in total; one client with Medi-Cal; one client with Medicare and Medi-Cal; and one client with other healthcare coverage and Medi-Cal. The Phase 3 section will guide you through the process of creating an Overthreshold Authorization Request for one of the test clients that you created as part of Phase 2. You will be required to choose one of the three clients that you created, and create an Overthreshold Authorization Request for that client.

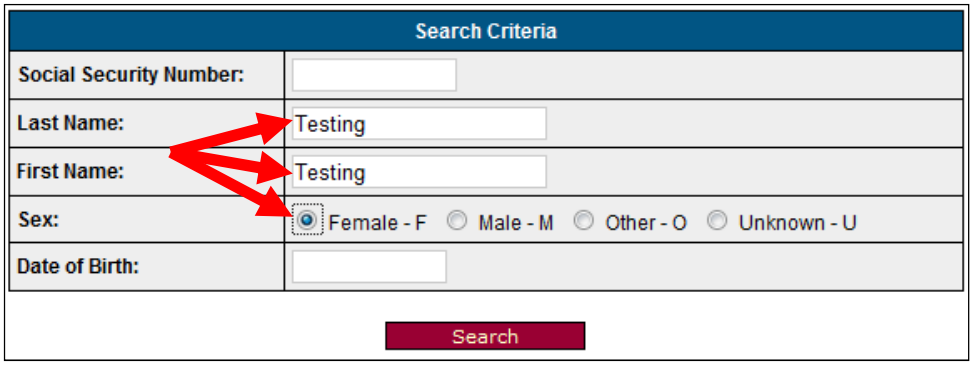
Phase 2 Claiming Test Scenario: *Medi-Cal Client*

1. Create an Admission for a new test client.

    a. Select *Add New Client/Client Search* from Main Menu.



    b. Enter “Last Name”, “First Name” and “Sex” and Select *Search.*



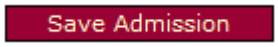
    c. Select *Create Admission for New Client* after search returned no client records.

d. In the Admission form, enter the following information into their corresponding fields.

Provider Connect Field	Data to be Entered
Gender	F
Date of Birth	3/1/1985
Admission Date	12/1/2013
Admission Time	11:55 AM
Program	xFFS2LE Fee for Service 2 Admission
Admitting Practitioner	(Enter the Practitioner ID)*
Type of Admission	FirstAdmission
Social Security Number	987126666
Client First Name	(Enter the Client First Name)*~
Client Last Name	(Enter the Client Last Name)*~
Street Address 1	101 Anywhere Street
Street Address 2	Apt. 10
ZIP Code	90005
City	Los Angeles
State	CA

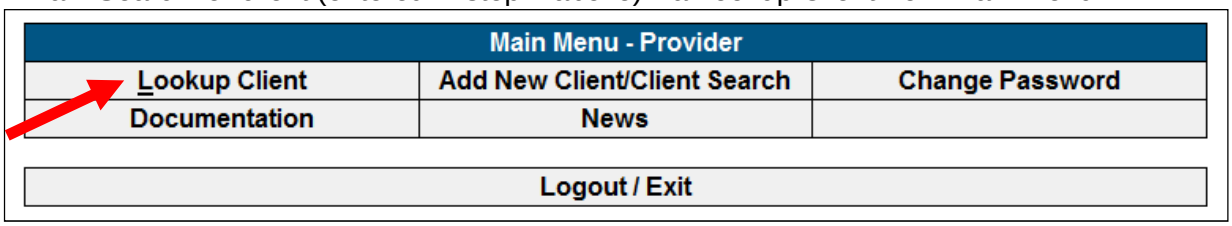
* Identified by Provider
~ Client name should be obviously fictitious (e.g. first name = Blue, last name = Sky)

e. Select *Save Admission* (located at the bottom of the form) after entering all of the above information.

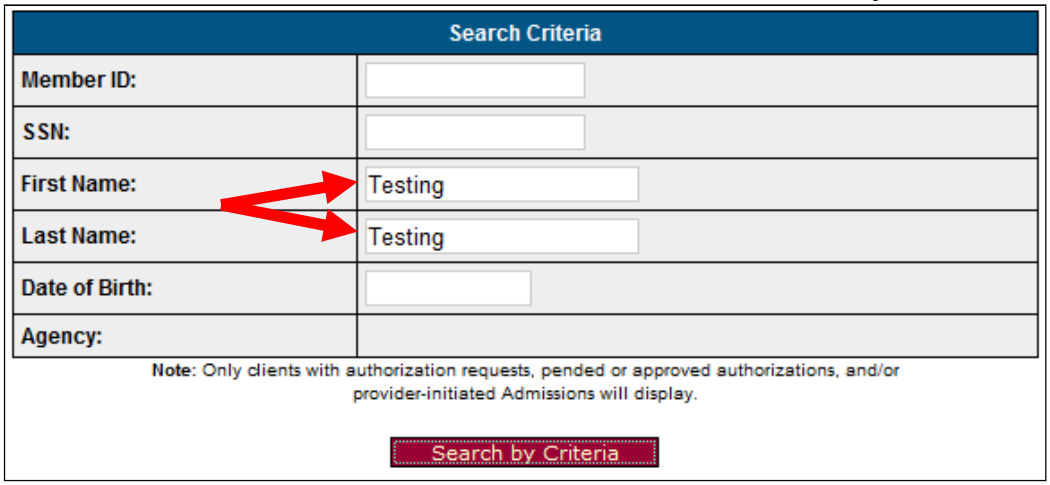


2. Create Financial Eligibility for the new test client.

   a. Search for client (entered in step 1 above) via Lookup Client from Main Menu.

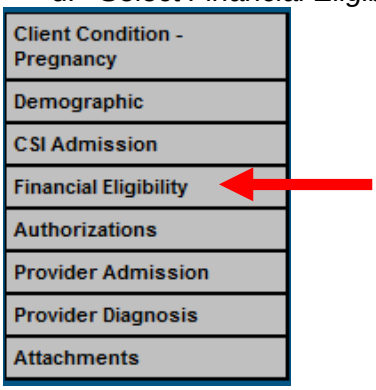


   b. Enter client First Name and Last Name and Select *Search by Criteria*.

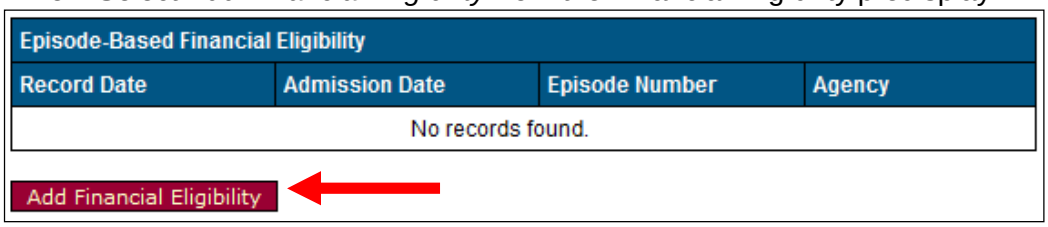


   c. Select the link Client ID when the client appears in your search results.

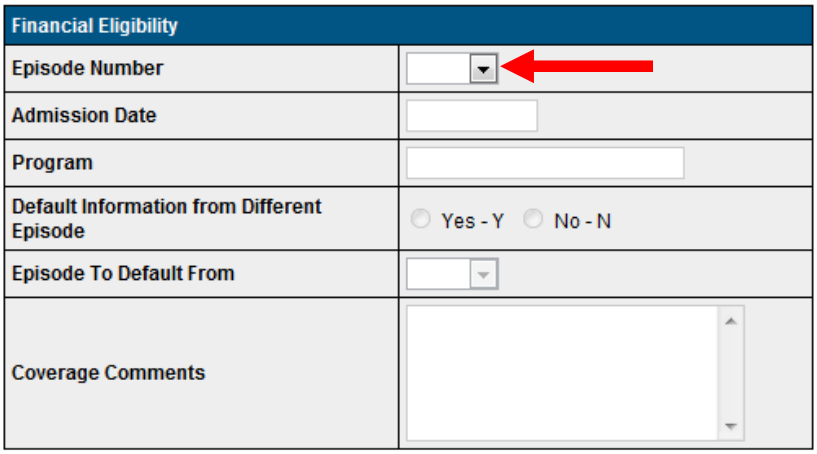
   d. Select *Financial Eligibility* from the task bar.



e. Select *Add Financial Eligibility* from the Financial Eligibility predisplay.

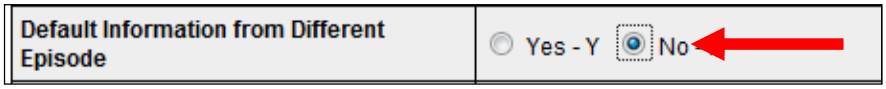


f. Select the Episode Number dropdown.



g. Select the Episode Number for the Fee-for-Service Admission.

h. Select *No* to Default Information from Different Episode.



i. Select "Medi-Cal (10)" from the Guarantor Selection dropdown list, and select *Add Guarantor.*

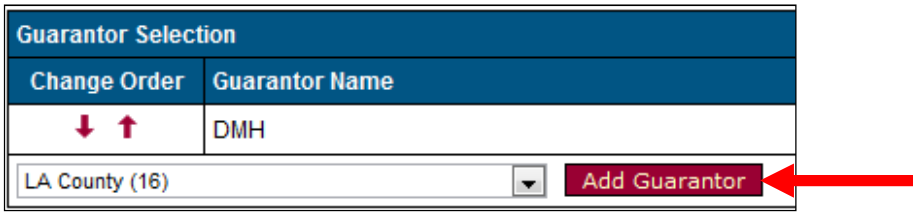
j. In the Guarantor Details form, enter the following data into their corresponding fields.

Provider Connect Field	Data to be Entered
Customize Guarantor Plan	No
Subscriber's Name	(Enter the Client Name from Admission (Last,First MI))*
Client's Relationship to Subscriber	Self
Subscriber Address	101 Anywhere Street*
Subscriber Address 2	Apt. 10*
Subscriber City	Los Angeles*
Subscriber State	CA*
Subscriber Zip	90005*
Subscriber Social Security Number	987126666*
Subscriber Sex	F*
Subscriber Policy Number	92312312A
Subscriber Client Index Number	92312312A
Subscriber Assignment of Benefits	Yes
Subscriber Release of Information	Informed Consent To Release Medical Info - I
Eligibility Verified:	Yes
Coverage Effective Date	9/1/2013
Coordination of Benefits	Yes

*Selecting "Self" from the Client's Relationship to Subscriber dropdown will prepopulate these fields, to avoid entering the information manually.

k. Select *Save* after entering the information above.

l. Select "LA County (16)" from Guarantor Selection dropdown list, and select *Add Guarantor*.



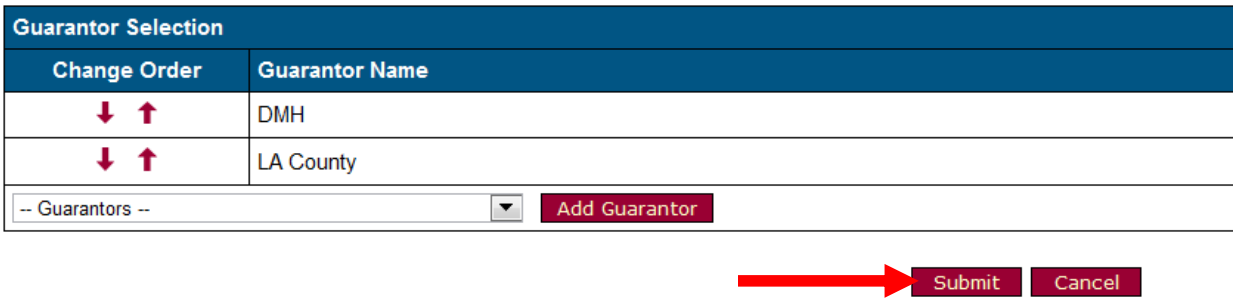
m. In the Guarantor Details form, enter the following data into their corresponding fields.

Provider Connect Field	Data to be Entered
Customize Guarantor Plan	No
Subscriber's Name	(Enter the Client Name from Admission (Last,First MI))*
Client's Relationship to Subscriber	Self
Subscriber Address	101 Anywhere Street*
Subscriber Address 2	Apt. 10*
Subscriber City	Los Angeles*
Subscriber State	CA*
Subscriber Zip	90005*
Subscriber Social Security Number	987126666*
Subscriber Sex	F*
Subscriber Policy Number	91233445A
Subscriber Client Index Number	91233445A
Subscriber Assignment of Benefits	Yes
Subscriber Release of Information	Yes, Provider Has Signed Statement Permitting Release
Eligibility Verified	Yes
Coverage Effective Date	9/1/2013
Coordination of Benefits	Yes

*Selecting "Self" from the Client's Relationship to Subscriber dropdown will prepopulate these fields.

n. Select *Save* after entering the information above.

o. Verify that the DMH guarantor (otherwise known as the Medi-Cal guarantor) is listed first, and the LA County guarantor is listed second in the Guarantor Selection section. Then select *Submit* to save the client's financial eligibility information.



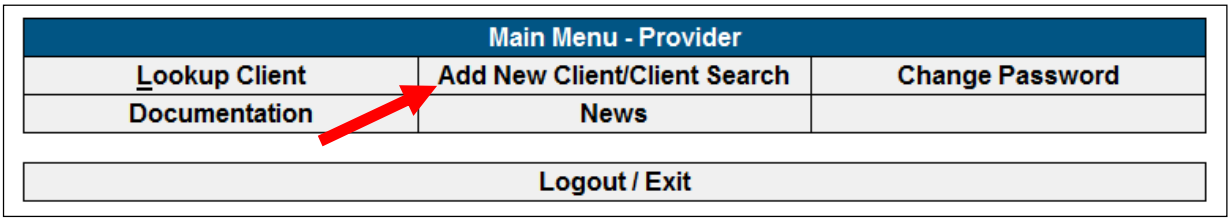
p. The Financial Eligibility predisplay will appear, confirming the submission of the client's financial eligibility.

Episode-Based Financial Eligibility		
Record Date	Admission Date	Episode Number
9/17/2014 1:46:00 PM	12/1/2013	1

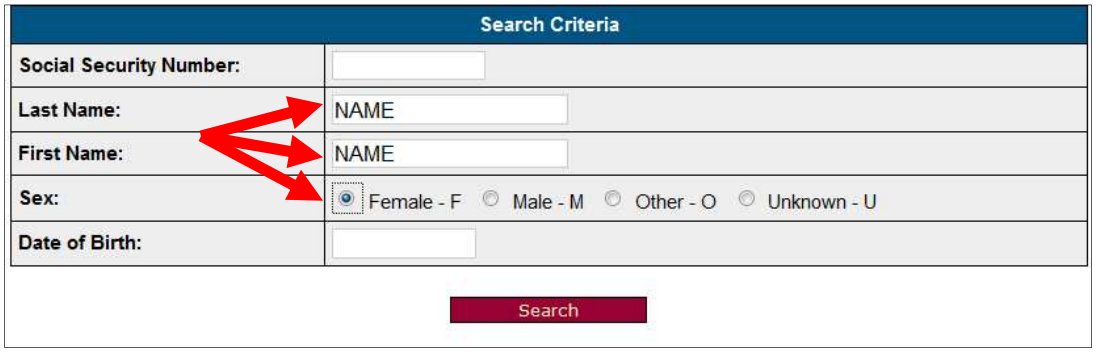
Phase 2 Claiming Test Scenario: *Medi-Medi Client*

1. Create an Admission for the new test client.

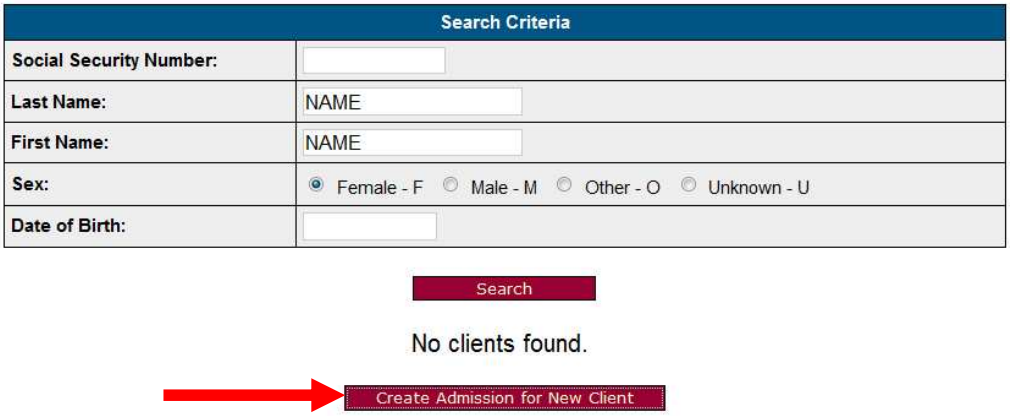
    a. Select *Add New Client/Client Search* from Main Menu.



    b. Enter “Last Name,” “First Name” and “Sex” and select *Search*.



    c. Select Create Admission for New Client after search returned no client records.

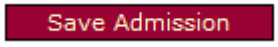


d. In the Admission form, enter the following information into their corresponding fields.

Provider Connect Field	Data to be Entered
Gender	F
Date of Birth	9/1/1945
Admission Date	10/1/2013
Admission Time	2:00 PM
Program	xFFS2LE Fee for Service 2 Admission
Admitting Practitioner	(Enter the Practitioner ID)*
Type of Admission	FirstAdmission
Social Security Number	989111111
Client First Name	(Enter the Client First Name)*~
Client Last Name	(Enter the Client Last Name)*~
Street Address 1	999 Anywhere Street
Street Address 2	Apt 9
ZIP Code	90005
City	Los Angeles
State	CA

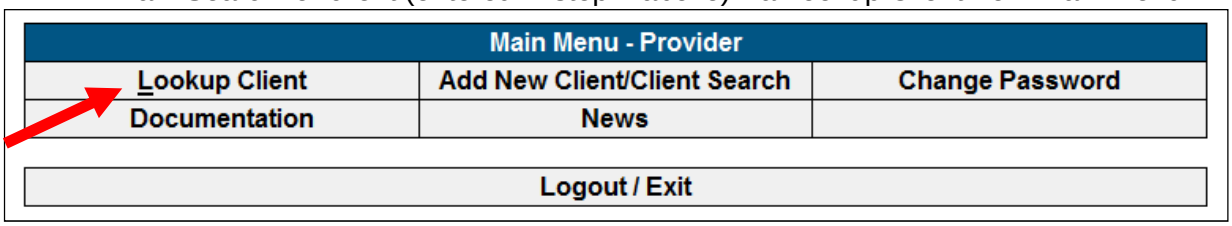
* Identified by Provider
~ Client name should be obviously fictitious (e.g. first name = Blue, last name = Sky) and different than the Medi-Cal test client.

e. Select *Save Admission* (located at the bottom of the form) after entering all of the above information.

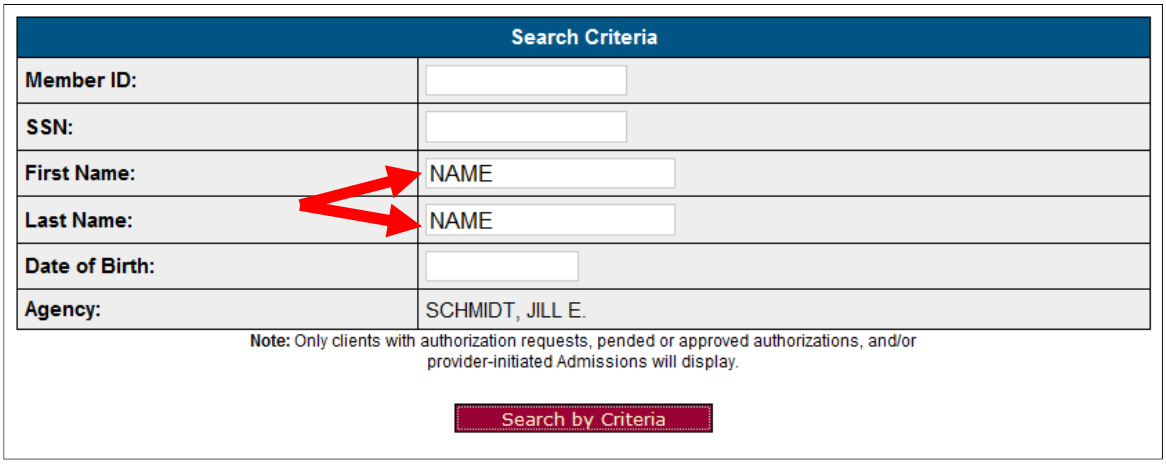


2. Create Financial Eligibility for the new test client.

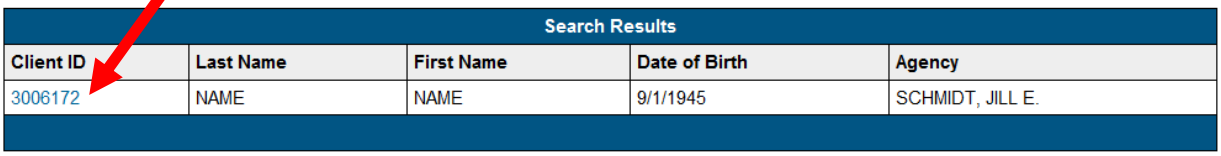
   a. Search for client (entered in step 1 above) via Lookup Client from Main Menu.



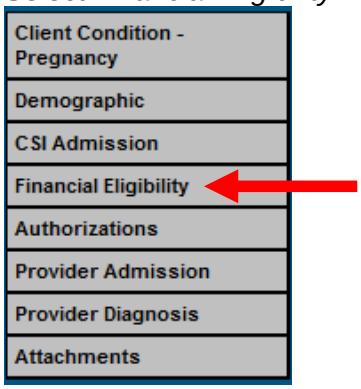
   b. Enter client First Name and Last Name and select *Search by Criteria*.



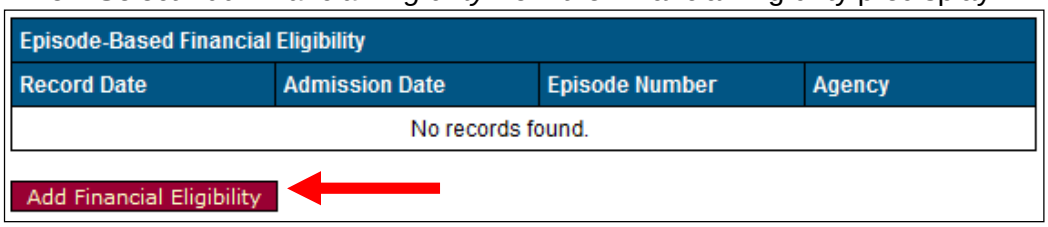
   c. Select the link Client ID when the client appears in your search results.



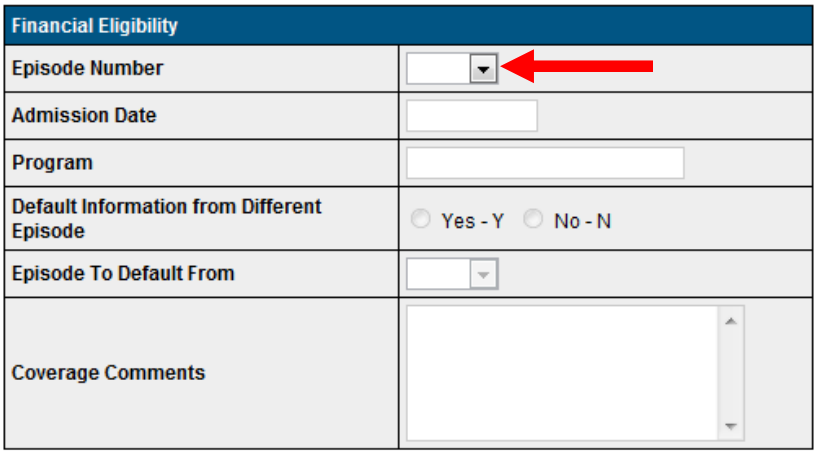
   d. Select *Financial Eligibility* from the task bar.



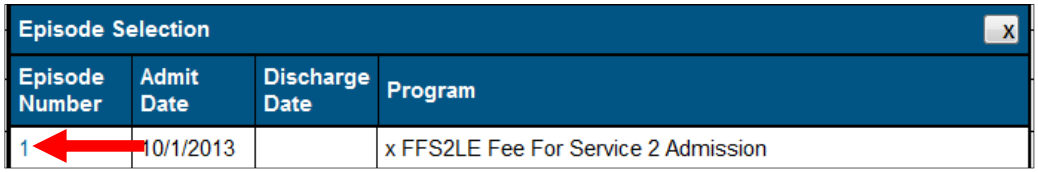
e. Select *Add Financial Eligibility* from the Financial Eligibility predisplay.



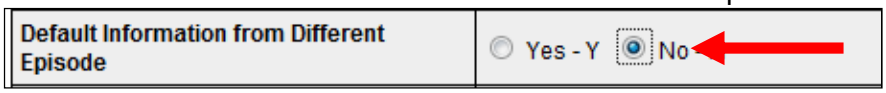
f. Select the Episode Number dropdown.



g. Select the Episode Number for the Fee-for-Service Admission.



h. Select *No* to Default Information from Different Episode.



i. Select "Medicare (12)" from Guarantor Selection list and select *Add Guarantor*.

j. In the Guarantor Details form, enter the following information in the corresponding fields.

Provider Connect Field	Data to be Entered
Customize Guarantor Plan	No
Subscriber's Name	(Enter the Client Name from Admission (Last,First MI))*
Client's Relationship to Subscriber	Self
Subscriber Address	999 Anywhere Street*
Subscriber Address 2	Apt 9*
Subscriber City	Los Angeles*
Subscriber State	CA*
Subscriber Zip	90005*
Subscriber Social Security Number	989111111*
Subscriber Sex	F*
Subscriber Policy Number	15830AC
Subscriber Medicare Number	LD840658
Subscriber Assignment of Benefits	Yes
Subscriber Release of Information	Yes, Provider Has Signed Statement Permitting Release - Y
Eligibility Verified	Yes
Coverage Effective Date	9/1/2013
Coordination of Benefits	Yes

*Selecting "Self" from the Client's Relationship to Subscriber dropdown will prepopulate these fields.

k. Select *Save* after entering the information above.

l. Select "Medi-Cal (10)" from Guarantor Selection dropdown list and select *Add Guarantor*.

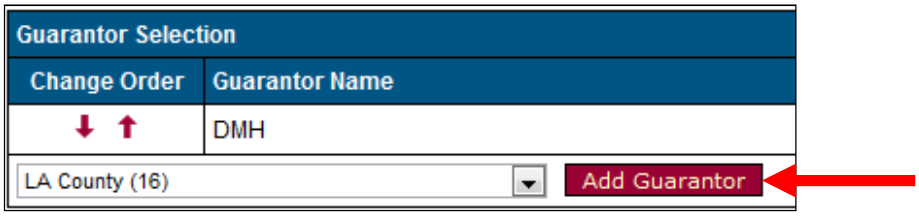
m. In the Guarantor Details form, enter the following information in the corresponding fields.

Provider Connect Field	Data to be Entered
Customize Guarantor Plan	No
Subscriber's Name	(Enter the Client Name from Admission (Last,First MI))*
Client's Relationship to Subscriber	Self
Subscriber Address	999 Anywhere Street*
Subscriber Address 2	Apt 9*
Subscriber City	Los Angeles*
Subscriber State	CA*
Subscriber Zip	90005*
Subscriber Social Security Number	989111111*
Subscriber Sex	F*
Subscriber Policy Number	95612312A
Subscriber Client Index Number	95612312A
Subscriber Assignment of Benefits	Yes
Subscriber Release of Information	Informed Consent To Release Medical Infor – I
Eligibility Verified:	Yes
Coverage Effective Date	9/1/2013
Coordination of Benefits	Yes

*Selecting "Self" from the Client's Relationship to Subscriber dropdown will prepopulate these fields.

n. Select *Save* after entering the information above.

o. Select "LA County (16)" from Guarantor Selection dropdown list and select *Add Guarantor*.



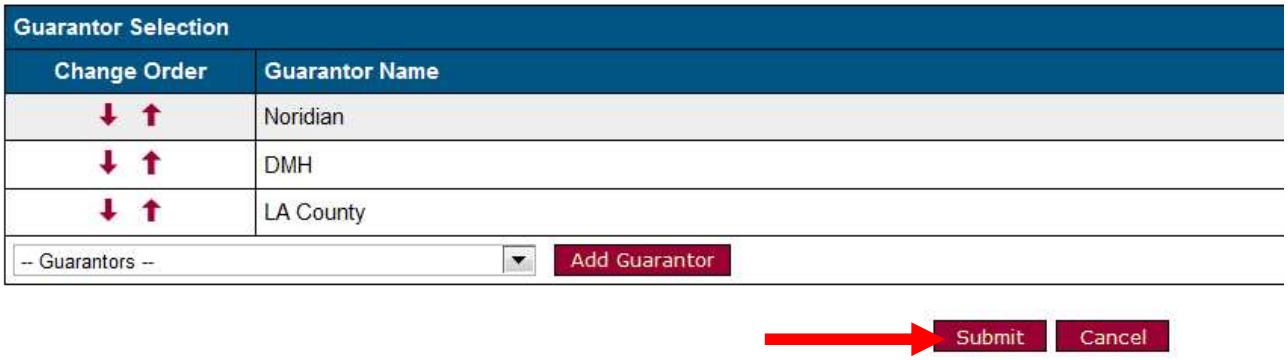
p. In the Guarantor Details form, enter the following information in the corresponding fields.

Provider Connect Field	Data to be Entered
Customize Guarantor Plan	No
Subscriber's Name	(Enter the Client Name from Admission (Last,First MI))*
Client's Relationship to Subscriber	Self
Subscriber Address	999 Anywhere Street*
Subscriber Address 2	Apt 9*
Subscriber City	Los Angeles*
Subscriber State	CA*
Subscriber Zip	90005*
Subscriber Social Security Number	989111111*
Subscriber Sex	F*
Subscriber Assignment of Benefits	Yes
Subscriber Release of Information	Yes, Provider Has Signed Statement Permitting Release
Eligibility Verified	Yes
Coverage Effective Date	9/1/2013
Coordination of Benefits	Yes

*Selecting "Self" from the Client's Relationship to Subscriber dropdown will prepopulate these fields.

q. Select *Save* after entering the information above.

r. Verify that the Noridian guarantor (otherwise known as the Medicare guarantor) is listed first, the DMH guarantor (otherwise known as the Medi-Cal guarantor) is listed second, and the LA County guarantor is listed third in the Guarantor Selection section. Then select *Submit* to save the client's financial eligibility information.



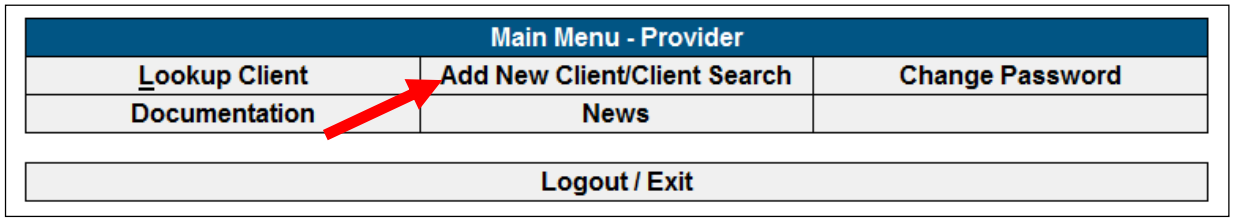
s. The Financial Eligibility predisplay will appear, confirming the submission of the client's financial eligibility.

Episode-Based Financial Eligibility		
Record Date	**Admission Date**	**Episode Number**
9/17/2014 1:46:00 PM	12/1/2013	1

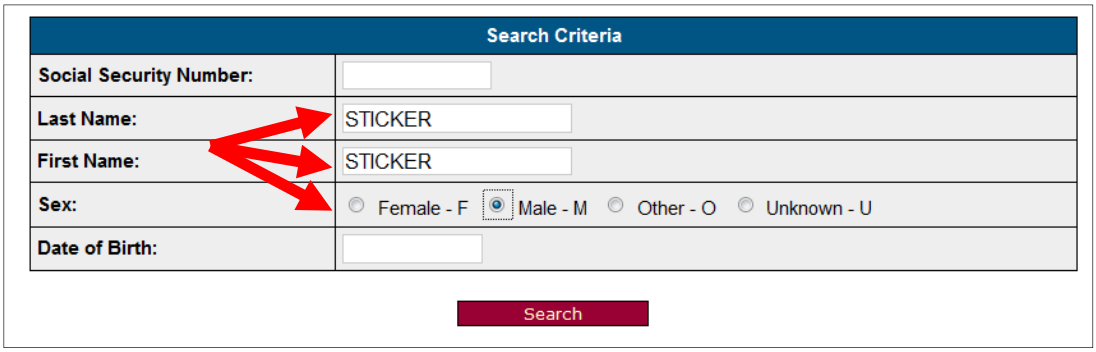
Phase 2 Claiming Test Scenario: *OHC- Medi-Cal Client*

1. Create an Admission for the new test client. .

   a. Select *Add New Client/Client Search* from the Main Menu.



   b. Enter Last Name, First Name and Sex, and select *Search*.



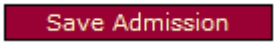
   c. Select *Create Admission for New Client* after search returned no client records.

d. In the Admission form, enter the following information in the corresponding fields.

Provider Connect Field	Data to be Entered
Gender	M
Date of Birth	10/1/1976
Admission Date	12/12/2013
Admission Time	10:00 AM
Program	xFFS2LE Fee for Service 2 Admission
Admitting Practitioner	(Enter the Practitioner ID)*
Type of Admission	First Admission
Social Security Number	999222222
Client First Name	(Enter the Client First Name)*~
Client Last Name	(Enter the Client Last Name)*~
Street Address 1	555 Anywhere Street
Street Address 2	Apt 5
ZIP Code	90005
City	Los Angeles
State	CA

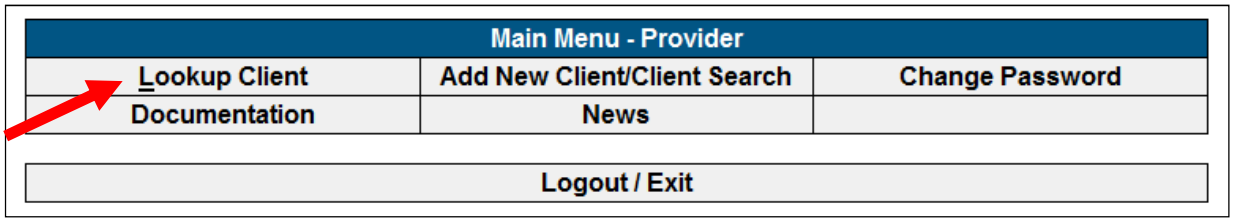
* Identified by Provider
~ Client name should be obviously fictitious (e.g. first name = Blue, last name = Sky) and different than the Medi-Cal and Medi-Medi test clients.

e. Select *Save Admission* (located at the bottom of the form) after entering all of the above information.

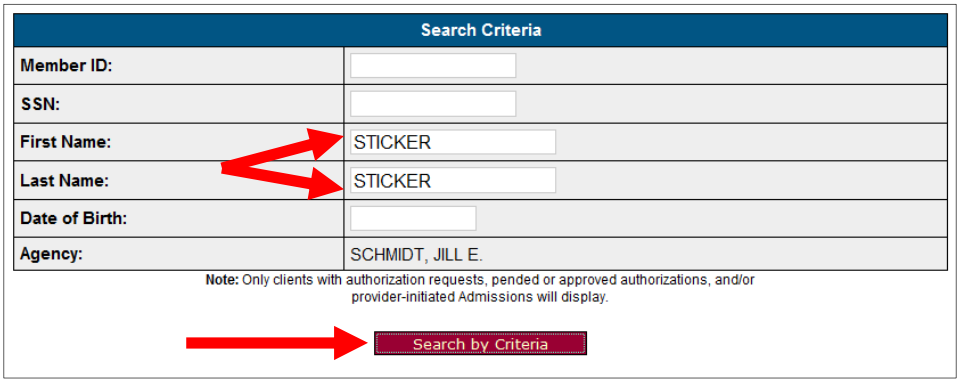


2. Create Financial Eligibility for the new test client.

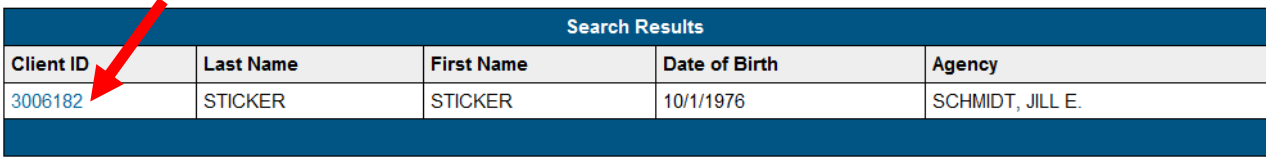
   a. Search for the client (entered in step 1 above) via Lookup Client from the Main Menu.



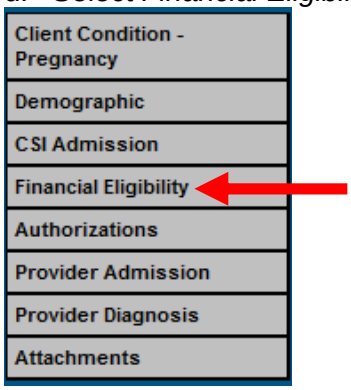
   b. Enter the First Name and Last Name, and select *Search by Criteria*.



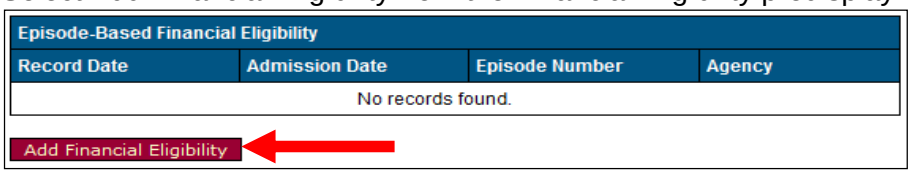
   c. Select the link Client ID when the client appears in your search results.



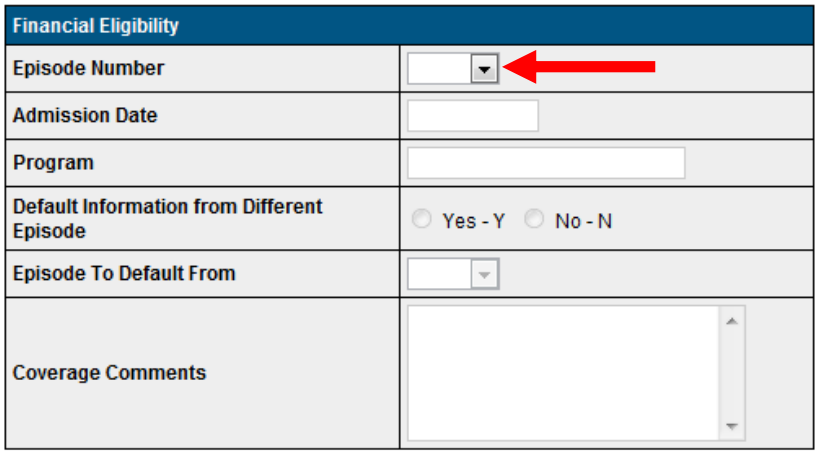
   d. Select *Financial Eligibility* from the task bar.



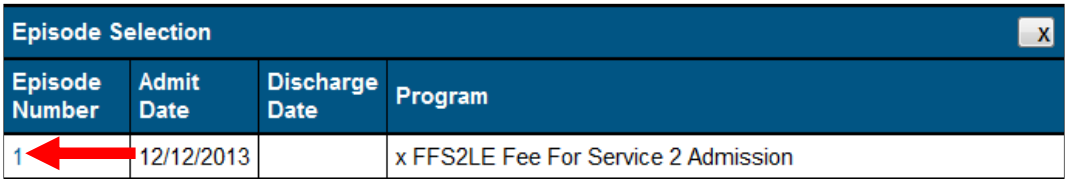
   e. Select Add Financial Eligibility from the Financial Eligibility predisplay.



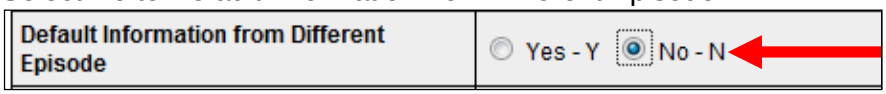
f. Select the Episode Number dropdown.



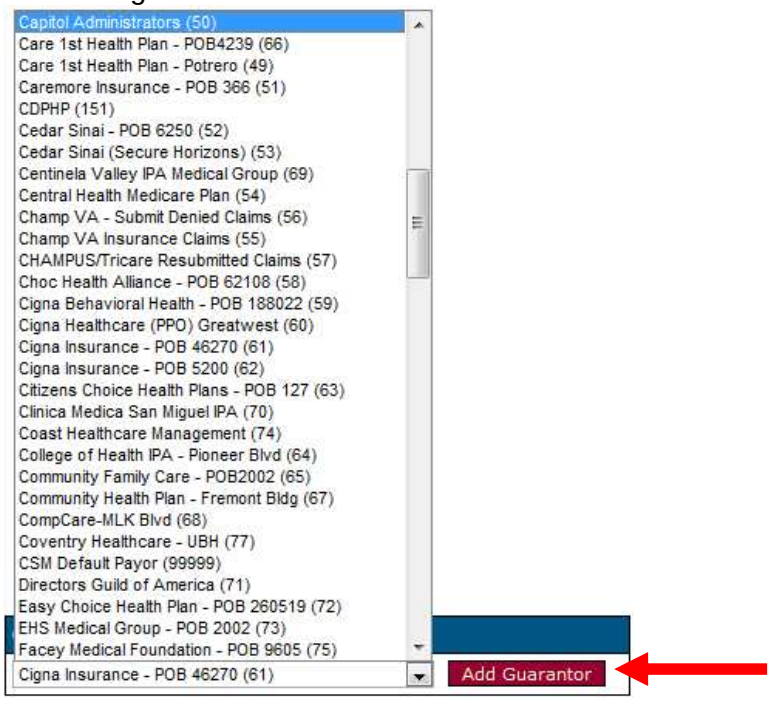
g. Select the Episode Number for the Fee-for-Service Admission.



h. Select No to Default Information from Different Episode.



i. Select the applicable OHC payor from the Guarantor Selection dropdown list, and select *Add Guarantor*. Below is a partial list of the potential payors that might be selected.



j. In the Guarantor Details form, enter the following information in the corresponding fields.

Provider Connect Field	Data to be Entered
Customize Guarantor Plan	No
Subscriber's Name	(Enter the Client Name from Admission (Last,First MI))*
Client's Relationship to Subscriber	Self
Subscriber Address	555 Anywhere Street*
Subscriber Address 2	Apt 5*
Subscriber City	90005*
Subscriber State	CA*
Subscriber Zip	90005*
Subscriber Social Security Number	999222222*
Subscriber Sex	M*
Subscriber Policy Number	9999830AC
Subscriber Client Index Number	99990658C
Subscriber Assignment of Benefits	Yes
Subscriber Release of Information	Yes, Provider Has Signed Statement Permitting Release
Eligibility Verified	Yes
Coverage Effective Date	10/1/2013
Coordination of Benefits	Yes

*Selecting "Self" from the Client's Relationship to Subscriber dropdown will prepopulate these fields.

k. Select *Save* after entering the information above.

l. Select "Medi-Cal (10)" from Guarantor Selection dropdown list, and select *Add Guarantor*.

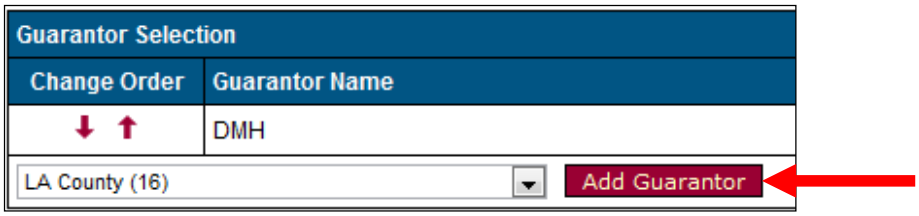
m. In the Guarantor Details form, enter the following information in the corresponding fields.

Provider Connect Field	Data to be Entered
Customize Guarantor Plan	No
Subscriber's Name	(Enter the Client Name from Admission (Last,First MI))*
Client's Relationship to Subscriber	Self
Subscriber Address	555 Anywhere Street*
Subscriber Address 2	Apt 5*
Subscriber City	90005*
Subscriber State	CA*
Subscriber Zip	90005*
Subscriber Social Security Number	999222222*
Subscriber Sex	M*
Subscriber Policy Number	98798798A
Subscriber Client Index Number	98798798A
Subscriber Assignment of Benefits	Yes
Subscriber Release of Information	Informed Consent To Release Medical Info – I
Eligibility Verified	Yes
Coverage Effective Date	10/1/2013
Coordination of Benefits	Yes

*Selecting "Self" from the Client's Relationship to Subscriber dropdown will prepopulate these fields.

n. Select *Save* after entering the information above.

o. Select "LA County (16)" from Guarantor Selection dropdown list, and select *Add Guarantor*.



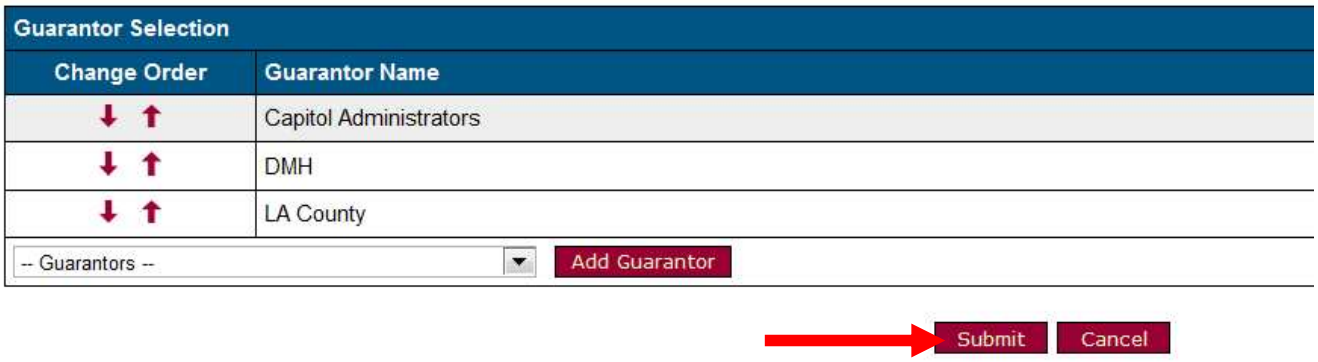
p. In the Guarantor Details form, enter the following information in the corresponding fields.

Provider Connect Field	Data to be Entered
Customize Guarantor Plan	No
Subscriber's Name	(Enter the Client Name from Admission (Last,First MI))*
Client's Relationship to Subscriber	Self
Subscriber Address	555 Anywhere Street*
Subscriber Address 2	Apt 5*
Subscriber City	90005*
Subscriber State	CA*
Subscriber Zip	90005*
Subscriber Social Security Number	999222222*
Subscriber Sex	M*
Subscriber Assignment of Benefits	Yes
Subscriber Release of Information	Yes, Provider Has Signed Statement Permitting Release
Eligibility Verified:	Yes
Coverage Effective Date	10/1/2013
Coordination of Benefits	Yes

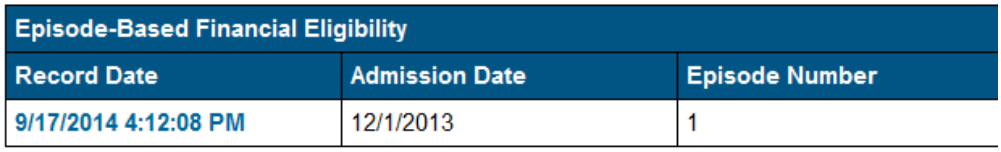
*Selecting "Self" from the Client's Relationship to Subscriber dropdown will prepopulate these fields.

q. Select *Save* after entering the information above.

r. Verify that the OHC guarantor (Capitol Administrators, Blue Cross, Kaiser, etc.) is listed first, the DMH guarantor (otherwise known as the Medi-Cal guarantor) is listed second, and the LA County guarantor is listed third in the Guarantor Selection section. Then select *Submit* to save the client's financial eligibility information.



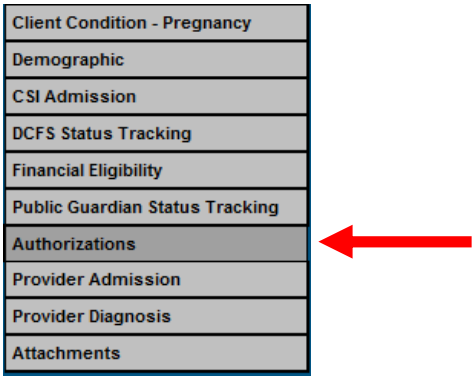
s. The Financial Eligibility predisplay will appear, confirming the submission of the client's financial eligibility.



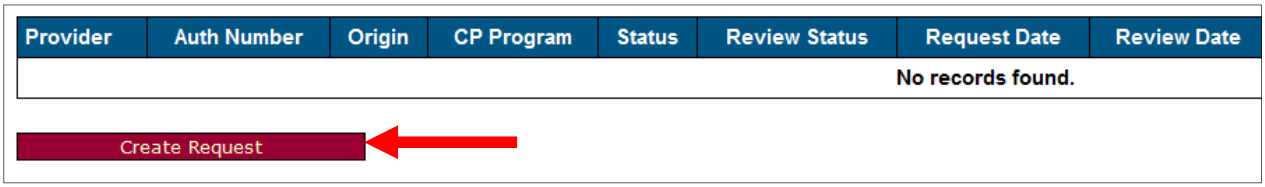
Phase 3 Claiming Test Scenario: *Creating an Over-threshold Authorization Request*

1. Choose *one* of the three test clients that you created in Phase 2, and then search for the client via the Lookup Client search feature.

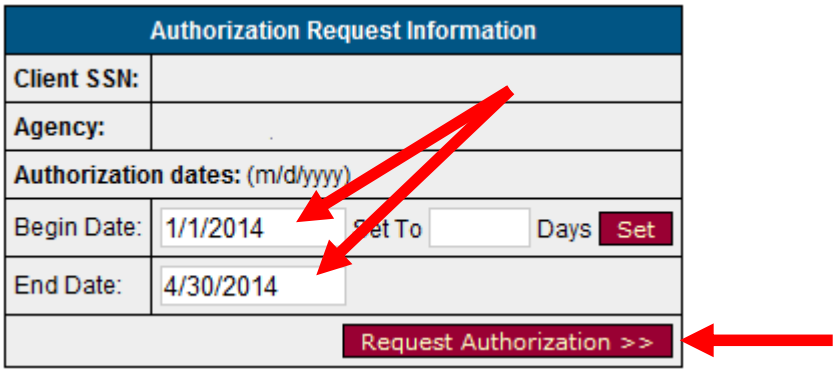
2. Open the client record, and select *Authorizations* from the task bar:



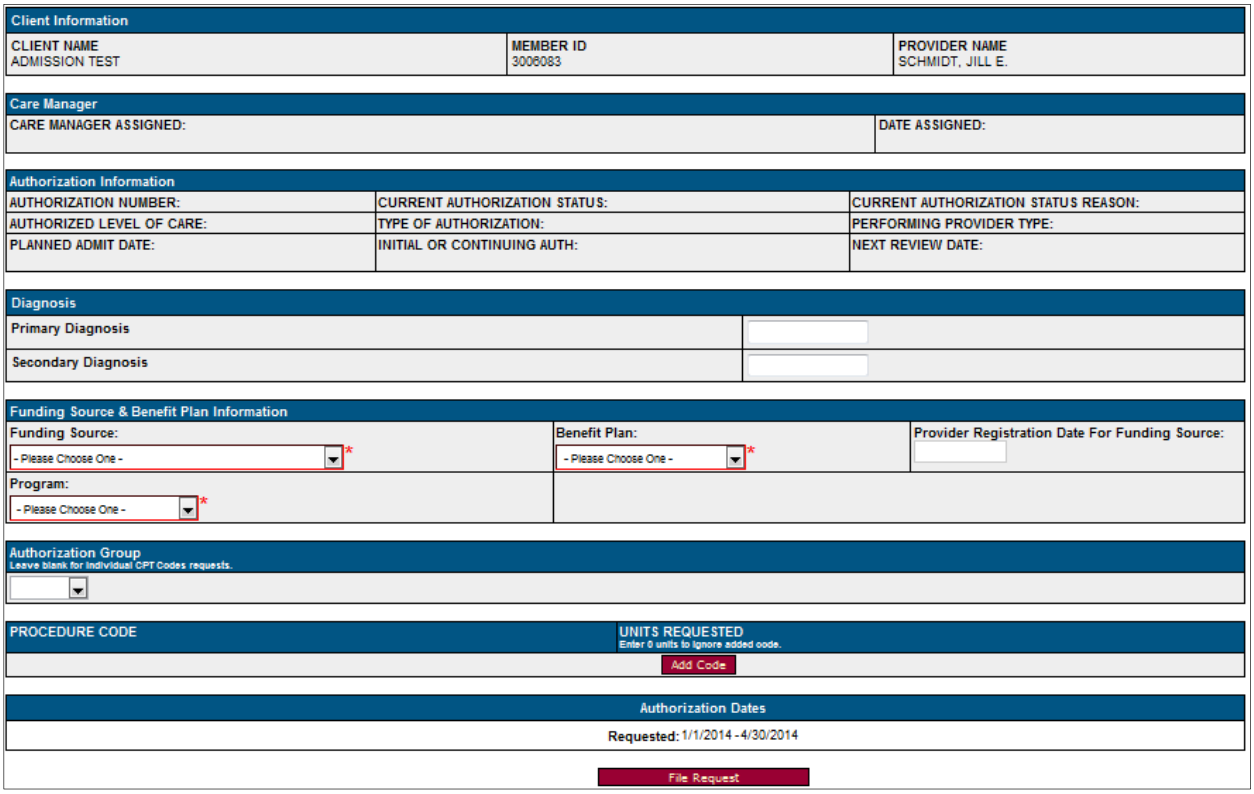
3. Click *Create Request*.



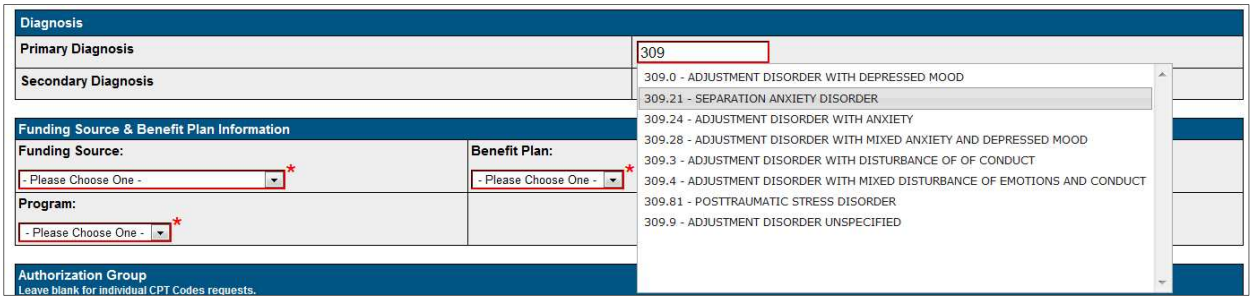
4. Then enter the Begin Date and End Date for the authorization, and select *Request Authorization*. Make sure that the dates fall in line with the date of service that will be entered in the claim. Then click *Request Authorization.*



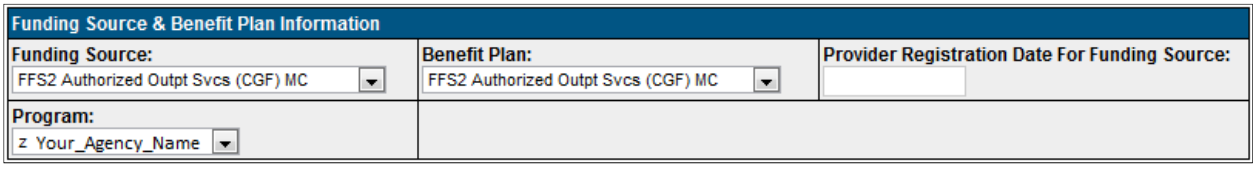
3. The Authorization form will appear. (Red asterisks indicate that the information is required.)



4. Enter the client's Primary Diagnosis.

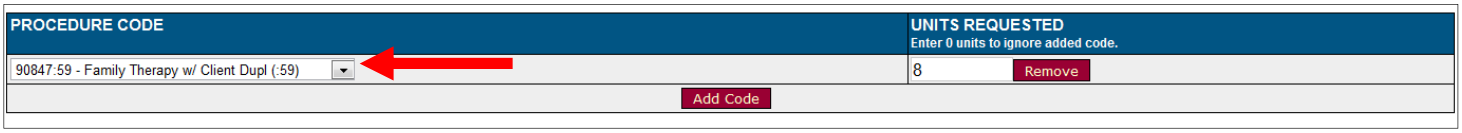


5. Select the Funding Source, Benefit Plan, and Program from the drop downs.



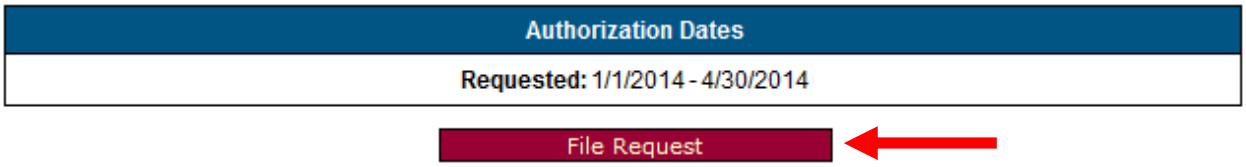
Note: The appropriate Funding Source for Over-threshold services is "FFS2 Authorized Outpt Svcs (CGF) MC." The appropriate Benefit Plan for Over-threshold services is "FFS2 Authorized Outpt Svcs (CGF) MC." The Program refers to your agency; select your agency from the drop down. All FFS agency names will start with the letter "z."

6. Now click *Add Code* in the Procedure Code section. Select the appropriate Procedure Code from the drop down and enter the number of Units Requested.

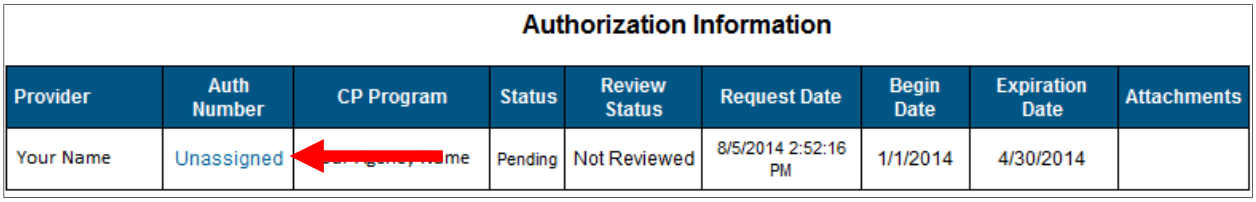


7. Enter the following comment in the *Comments on Authorization* field: "OTAR for claims testing."

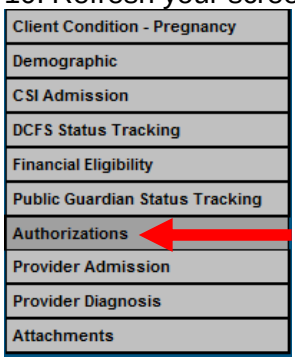
8. Click *File Request* to submit the request.



9. You will be returned to the Authorization Information form and your new authorization request will appear on the list. Notice that the Authorization Number is "Unassigned" because Avatar has not yet assigned a number to your authorization request.



10. Refresh your screen by selecting *Authorizations* from the task bar.

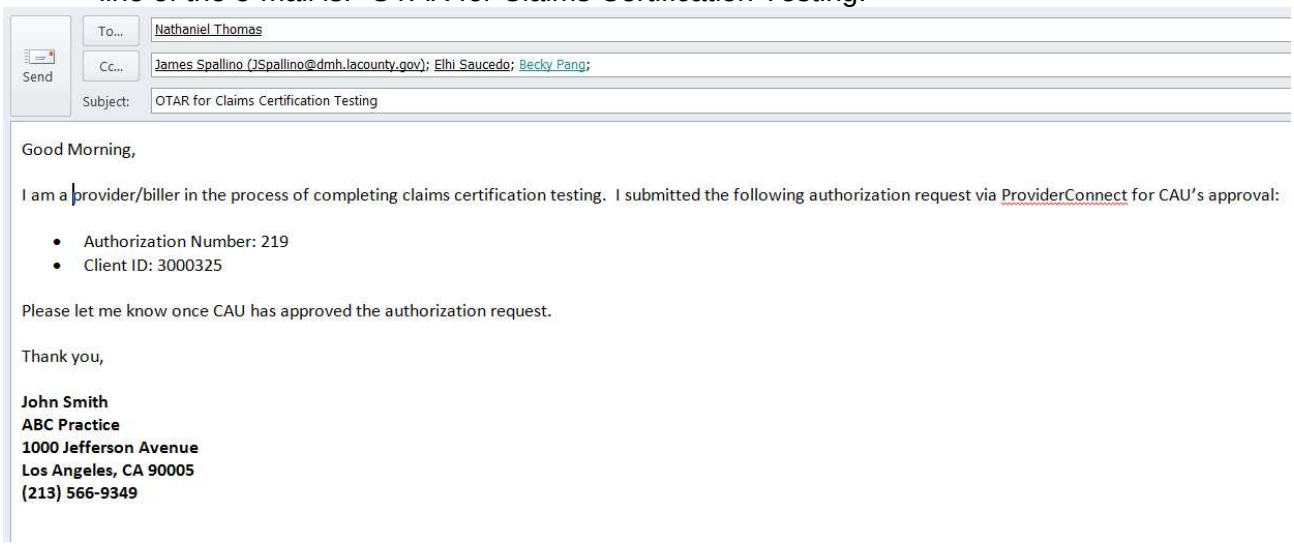


11. You will now see the “Authorization Number” that Provider Connect has assigned to your request.

Authorization Information

Provider	Auth Number	CP Program	Status	Review Status	Request Date	Begin Date	Expiration Date	Attachments
Your Name	298	[redacted] Name	Complete	Not Reviewed	8/5/2014 2:52:16 PM	1/1/2014	4/30/2014	

12. Contact DMH’s Central Authorizations Unit (CAU) via e-mail to notify the department that your authorization request for claims testing has been submitted, and provide them with the client ID number and authorization number of your authorization request. Please send the email to Nathaniel Thomas at nthomas@dmh.lacounty.gov; and copy James Spallino at jspallino@dmh.lacounty.gov, Elhi Saucedo at esaucedo@dmh.lacounty.gov, and Becky Pang at bpang@dmh.lacounty.gov, and please make sure that the subject line of the e-mail is: “OTAR for Claims Certification Testing.”


Send

To... Nathaniel Thomas

Cc... James Spallino (JSpallino@dmh.lacounty.gov); Elhi Saucedo; Becky Pang;

Subject: OTAR for Claims Certification Testing

Good Morning,

I am a provider/biller in the process of completing claims certification testing. I submitted the following authorization request via ProviderConnect for CAU’s approval:

- Authorization Number: 219
- Client ID: 3000325

Please let me know once CAU has approved the authorization request.

Thank you,

John Smith
ABC Practice
1000 Jefferson Avenue
Los Angeles, CA 90005
(213) 566-9349

13. CAU will approve the authorization request once it receives notification from you. After approval of the authorization request, CAU will notify you via email as well, and you may then move forward with submitting your test claim for that particular client.